

National Provider Identifier (NPI) Registration Form for Group Billing Providers

This form is being used to register the NPI for multiple rendering providers associated to a billing provider number. Group providers with multiple service office locations should only complete one form. List each active rendering provider only once. Attach a copy of this form for additional rendering providers. All areas with an asterisk (*) are required. If you have any questions or need assistance with this form, please call Denti-Cal at (800) 423-0507.

*Denti-Cal Billing NPI	*Denti-Cal Billing Provider Name	
*Rendering Provider Number	*Rendering Provider Name (Last Name, First Name)	*Rendering Provider NPI

I declare under penalty of perjury under the laws of the State of California that the foregoing information in this document and in the attachments are true, accurate, and complete to the best of my knowledge and belief. I declare that I have the authority to legally bind the provider.

***Print name and title of authorized representative or Provider**

***Date**

***Authorized representative or Provider signature**

***Date**

Return completed form to:

Medi-Cal Dental Program
Provider Enrollment
P.O. Box 15609
Sacramento, CA 95852-0609